Manitoba

Annual Report 2001 - 2002

Healthy Child Manitoba

Includes 10% post-consumer waste

A French translation of the Annual Report for the year 2001/02 is available by contacting Jocelyne Lafournaise, French Language Services Coordinator, by e-mail at jlafournai@gov.mb.ca, by phone at (204) 945-2928 or by fax at (204) 945-2736.

Manitoba

103-00389/

September 2002

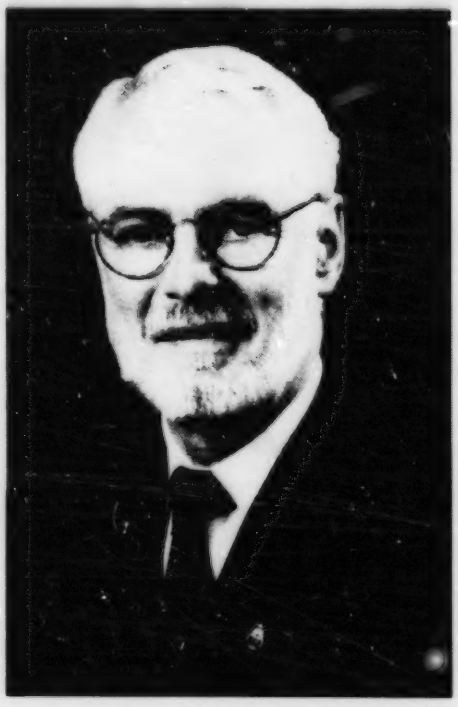
His Honour Peter Liba
Lieutenant-Governor
Province of Manitoba

May It Please Your Honour:

I have the pleasure of presenting herewith the Annual Report of Healthy Child Manitoba of the Province of Manitoba for the year 2001/2002.

Respectfully submitted,

Tim Sale
Chair, Healthy Child Committee of Cabinet



Manitoba

September 2002

Tim Sale
Chair, Healthy Child Committee of Cabinet
357 Legislative Building

Sir:

I have the honour of presenting to you the Annual Report of Healthy Child Manitoba for the fiscal year ending March 31, 2002.

In 2001/02, Healthy Child Manitoba's activities and achievements included:

- establishing Parent-Child Centred Coalitions in all areas of Manitoba to support healthy child development and to strengthen families;
- implementing the new Healthy Baby Manitoba Prenatal Benefit and Community Support Programs in community sites across Manitoba;
- developing a strategic plan for Healthy Adolescent Development;
- supporting community capacity building across Manitoba;
- advancing the Healthy Child Manitoba Provincial Research and Evaluation Strategy; and
- releasing Manitoba's baseline report on early childhood development expenditures, in accordance with the September 2000 Federal/Provincial/Territorial Early Childhood Development Agreement.

Healthy Child Manitoba will continue to facilitate child-centred public policy toward the best possible outcomes for Manitoba's children.

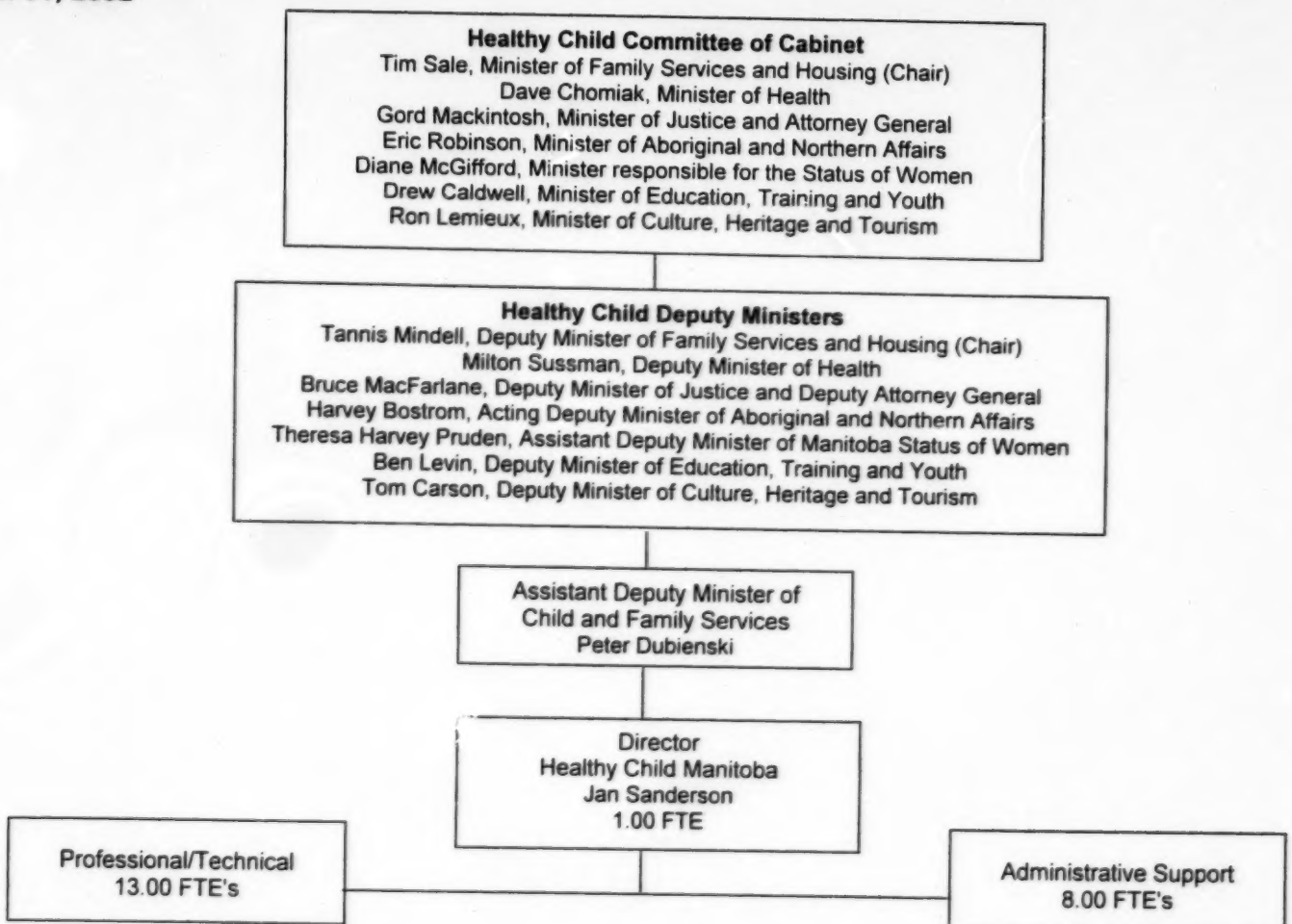
Respectfully submitted,

Tannis Mindell
Chair, Healthy Child Deputy Ministers' Committee

Table of Contents

Title	Page
Minister's Letter of Transmittal	3
Deputy Minister's Letter of Transmittal	5
Table of Contents	7
Organizational Chart	8
Preface	9
Report Structure	9
Mandate	9
Background	9
Healthy Child Manitoba Vision	10
Objectives	10
Major Activities and Accomplishments	11
Healthy Child Manitoba Program Development and Implementation	11
Parent-Child Centred Approach	11
Healthy Baby	12
FAS Prevention and Support	13
Early Childhood Development / Home Visiting Supports	14
BabyFirst	14
Early Start	15
Healthy Schools	15
Healthy Adolescent Development	15
Community Capacity Building	17
Healthy Child Manitoba Policy Development, Research and Evaluation	19
Addendum: Early Childhood Development Public Reporting	23
Reconciliation Statement	25
Expenditure Summary	26
Historical Expenditure and Staffing Summary	27

HEALTHY CHILD MANITOBA
ORGANIZATION CHART
March 31, 2002


Healthy Child Committee of Cabinet
Tim Sale, Minister of Family Services and Housing (Chair)
Dave Chomiak, Minister of Health
Gord Mackintosh, Minister of Justice and Attorney General
Eric Robinson, Minister of Aboriginal and Northern Affairs
Diane McGifford, Minister responsible for the Status of Women
Drew Caldwell, Minister of Education, Training and Youth
Ron Lemieux, Minister of Culture, Heritage and Tourism
Healthy Child Deputy Ministers
Tannis Mindell, Deputy Minister of Family Services and Housing (Chair)
Milton Sussman, Deputy Minister of Health
Bruce MacFarlane, Deputy Minister of Justice and Deputy Attorney General
Harvey Bostrom, Acting Deputy Minister of Aboriginal and Northern Affairs
Theresa Harvey Pruden, Assistant Deputy Minister of Manitoba Status of Women
Ben Levin, Deputy Minister of Education, Training and Youth
Tom Carson, Deputy Minister of Culture, Heritage and Tourism
Assistant Deputy Minister of
Child and Family Services
Peter Dubienski
Director
Healthy Child Manitoba
Jan Sanderson
1.00 FTE
Professional/Technical
13.00 FTE's
Administrative Support
8.00 FTE's

PREFACE

Report Structure

The Annual Report is organized in accordance with Healthy Child Manitoba's appropriation structure, which reflects the authorized votes approved by the Legislative Assembly. The report includes information at the Main and Sub-appropriation levels relating to Healthy Child Manitoba's objectives, actual results achieved, financial performance and variances, and an historical table of expenditures and staffing. Expenditure variance explanations previously contained in the Public Accounts of Manitoba are now provided in the Annual Report. Healthy Child Manitoba is budgeted under two main appropriations:

- Healthy Child Manitoba; and
- Amortization of Capital Assets.

Mandate

Within Manitoba's child-centred public policy framework, founded on the integration of economic justice and social justice, and led by the Healthy Child Committee of Cabinet, Healthy Child Manitoba works across departments and sectors to facilitate a community development approach to improve the well-being of Manitoba's children, families and communities.

Background

In March 2000, the Manitoba government established Healthy Child Manitoba and Premier Gary Doer created the Healthy Child Committee of Cabinet. Chaired by the Minister of Family Services and Housing, the Healthy Child Committee of Cabinet develops and leads child-centred public policy across government and ensures interdepartmental cooperation and coordination with respect to programs and services for Manitoba's children and families. As one of a select number of committees of Cabinet, the committee signals healthy child and adolescent development as a top-level policy priority of government.

The Healthy Child Committee of Cabinet was initially comprised of the Ministers of Family Services and Housing; Health; Justice and Attorney General; Aboriginal and Northern Affairs; and Education, Training and Youth. In November 2000, the Premier expanded the Healthy Child Committee of Cabinet to include the Minister of Culture, Heritage and Tourism and the Minister responsible for the Status of Women. The committee meets on a monthly basis. It is the only Cabinet committee in Canada that is dedicated to children and youth.

Healthy Child Committee of Cabinet

Tim Sale (Chair), Minister of Family Services and Housing
Dave Chomiak, Minister of Health
Gord Mackintosh, Minister of Justice and Attorney General
Eric Robinson, Minister of Aboriginal and Northern Affairs
Diane McGifford, Minister responsible for the Status of Women
Drew Caldwell, Minister of Education, Training and Youth
Ron Lemieux, Minister of Culture, Heritage and Tourism

Directed by the Healthy Child Committee of Cabinet, the Deputy Ministers of the seven partner departments share responsibility for implementing Manitoba's child-centred public policy within and across departments, and ensure the timely preparation of program proposals, implementation plans and resulting delivery of all initiatives. Chaired by the Deputy Minister of Family Services and Housing, the Healthy Child Deputy Ministers' Committee meets on a monthly basis.

Healthy Child Deputy Ministers' Committee

Tannis Mindell (Chair), Deputy Minister of Family Services and Housing
Milton Sussman, Deputy Minister of Health
Bruce MacFarlane, Deputy Minister of Justice and Deputy Attorney General
Harvey Bostrom, Acting Deputy Minister of Aboriginal and Northern Affairs
Theresa Harvey Pruden, Assistant Deputy Minister of Manitoba Status of Women
Ben Levin, Deputy Minister of Education, Training and Youth
Tom Carson, Deputy Minister of Culture, Heritage and Tourism

Healthy Child Manitoba Vision

The best possible outcomes for Manitoba's children.

Objectives

The major responsibilities of Healthy Child Manitoba are to:

- develop, fund and evaluate innovative initiatives and long-term strategies to improve outcomes for Manitoba's children;
- coordinate and integrate policy, programs and services across government for children, youth and families using early intervention and population health models;
- increase the involvement of families, neighbourhoods and communities in prevention and early childhood development services through community development; and
- facilitate child-centred public policy development and knowledge exchange across departments and sectors through evaluation and research on key determinants and outcomes of children's well-being.

MAJOR ACTIVITIES AND ACCOMPLISHMENTS

During the 2001/02 fiscal year, Healthy Child Manitoba advanced its mission to work across departments and with community partners to give children the best possible start in life. The ultimate goal is to develop a continuum of effective services and supports from conception through adolescence, with the current priority being on the early years. Healthy Child Manitoba works through two major activities: (a) program development and implementation; and (b) policy development, research and evaluation.

HEALTHY CHILD MANITOBA PROGRAM DEVELOPMENT AND IMPLEMENTATION

Healthy Child Manitoba's program activity continued to focus on the five core commitments of the Healthy Child Committee of Cabinet: parent-child centres; prenatal and early childhood nutrition; fetal alcohol syndrome (FAS) prevention; nurses in schools; and adolescent pregnancy prevention. Since 2000, these commitments have evolved and expanded, and become known as:

- Parent-Child Centred Approach;
- Healthy Baby;
- FAS Prevention and Support;
- Healthy Schools; and
- Healthy Adolescent Development.

Healthy Child Manitoba Program Development and Implementation is supported by the Healthy Child Interdepartmental Program and Planning Committee, which includes officials from the seven Healthy Child Manitoba partner departments, as well as the Community and Economic Development Committee of Cabinet and Manitoba Intergovernmental Affairs (Neighbourhoods Alive! program). Chaired by Healthy Child Manitoba, the committee works to coordinate and improve programs for children and youth across departments.

Parent-Child Centred Approach

The Parent-Child Centred approach brings together parents, community organizations, school divisions and health professionals through regional coalitions that support parenting, improve children's nutrition and literacy and build capacity for helping families in their own communities. The regions are organized along the 11 Regional Health Authority boundaries outside Winnipeg, and the 12 Community Areas within Winnipeg.

There were 26 Parent-Child Centred Coalitions established across the province. They include Brandon, Burntwood, Central, Churchill, Interlake, Marquette, Nor-Man, North Eastman, Parkland, South Eastman and South Westman in rural and northern regions; and Assiniboine South, Downtown, Fort Garry, Inkster, Point Douglas, River East, River Heights, Seven Oaks, St. Boniface, St. James, St. Vital and Transcona in Winnipeg. In addition, three cultural organizations received funding for parent-child centred activities in 2001//02: La Fédération provinciale des comités de parents (FPCP); the Manitoba Association of Friendship Centres; and the Indian and Métis Friendship Centre of Winnipeg.

Each Parent-Child Centred Coalition determines the unique form that activities will take based on community capacity and need. This has resulted in coalitions supporting a wide variety of programs and initiatives to enhance early childhood development and strengthen families. Activities range from family resource centres offering parent education courses, drop-in activities and early reading programs to mobile toy and book lending services, home visiting and outreach programs and wellness fairs. An important goal of the parent-child centred approach is to demonstrate the impact of these initiatives through a common framework for measuring and monitoring program outcomes.

To support the local capacity for program evaluation in each coalition, Healthy Child Manitoba held a *Provincial Evaluation Forum for Manitoba's Parent-Child Centred Coalitions* in December 2001. The first in a series of annual evaluation forums, it represented a step forward in the continuing development of a provincial evaluation framework for the parent-child centred approach. Healthy Child Manitoba provided coalitions with another education and networking opportunity in March 2002, when it hosted a two-day *Strategies and Skills Building Workshop for Manitoba's Parent-Child Centred Coalitions*. Building on the success of the provincial Early Years Forum in February 2001, the March 2002 workshop brought together regional coalition representatives, community organizations and government partners to share ideas and resources, develop and expand skills, and learn from the knowledge and experience of one another. Workshops, displays and a facilitated process on strategies for the future were complemented by keynote addresses by Dr. Dan Keating, a leading early years researcher and professor at the University of Toronto, and Mary Gordon, founder of the Roots of Empathy program.

The March 2002 workshop was also the site of an announcement regarding a new partnership between Healthy Child Manitoba and Manitoba Community Connections to provide computers, high-speed Internet access, on-line bulletin boards, e-mail and other secure information-sharing technology for all Parent-Child Centred Coalitions. In addition to receiving technical support to establish a public Internet access site in a location of their choosing, coalitions will be supported to develop individual community websites which eventually will link to a main site, creating a provincial network of Parent-Child websites for community knowledge exchange.

Healthy Baby

In July 2001, Healthy Child Manitoba introduced the two-part Healthy Baby program: the Manitoba Prenatal Benefit and Healthy Baby Community Support Programs. The new prenatal benefit – the first of its kind in Canada – provides pregnant women with financial support to eat well during pregnancy and help ensure their babies get a healthy start in life.

The *Manitoba Prenatal Benefit* is modelled after the National Child Benefit. Manitoba is the first province in Canada to extend financial benefits into the prenatal period and to include residents of First Nations on-reserve communities. Pregnant women and teens with a net family income of less than $32,000 a year are eligible for a monthly financial benefit commencing in the second trimester of pregnancy. Benefit amounts are provided on a sliding scale, to a maximum of $81.41 monthly. In 2001/02, its first year, the benefit was provided to 5,200 eligible women in Manitoba during their pregnancies.

Healthy Baby *Community Support Programs* offer social support and informal, practical learning opportunities, on a voluntary basis, for pregnant women and new mothers. Programs are operating at more than 65 locations in the province. The models vary and are evolving to meet local community needs. The programs and outreach activities encourage early and regular prenatal care, provide nutritious snacks and cooking activities, and build women's confidence and awareness of health, parenting choices and babies' needs for nurturing. Two consultations and professional development sessions of two days each were held for community programs personnel in the 2001/02 fiscal year. An evaluation plan of the program is being developed in consultation with service providers.

Following Manitoba's lead, New Brunswick has launched a similar prenatal benefit program and other provinces and territories have expressed interest. In January 2002, the Premiers of Manitoba and New Brunswick signed a memorandum of understanding that included an agreement to collaborate in the evaluation of their respective prenatal benefit programs.

FAS Prevention and Support

Healthy Child Manitoba works to address Fetal Alcohol Syndrome (FAS) through public education and awareness, prevention and intervention programs, and support services to caregivers and families. Healthy Child Manitoba supports partnerships in the community with organizations such as the Coalition on Alcohol and Pregnancy and the Fetal Alcohol Family Association of Manitoba to advance these goals.

An interdepartmental committee with representation from Healthy Child Manitoba's seven partner departments was established in 2001/02 and is taking an intersectoral approach to provincial planning for reducing the number of children born with FAS, and developing supports for those already affected.

Stop FAS

Stop FAS is a three-year mentoring program for women at risk of having a child with FAS or fetal alcohol effects (FAE). Based on a best practice model, the program uses paraprofessional home visitors to offer consistent support to help women obtain drug and alcohol treatment, stay in recovery, engage in family planning, utilize community resources and move toward a healthy, stable, independent lifestyle.

After three years, the first women enrolled in the Stop FAS program have begun graduating. A final report on their outcomes was completed in fall 2001, marking the completion of the three-year research project (see *Program Evaluations*, page 19).

Following the success of the two original Winnipeg sites, located at the Aboriginal Health and Wellness Centre and the Nor'West Co-op Community Health Centre, Stop FAS was expanded to Thompson and The Pas in late 2000, where they are administered respectively by the Burntwood Regional Health Authority and the Nor-Man Regional Health Authority.

In spring 2002, the program was expanded further to include an additional mentor and 15 women at each Winnipeg Stop FAS site.

Prairie Northern Pacific FAS Partnership (PNPFASP)

Through a collaborative venture of four provinces and three territories, the FAS Partnership maximizes efforts, expertise and resources to prevent and respond to the needs of FAS across jurisdictions. In November 2001, British Columbia joined the partnership of Manitoba, Alberta, Saskatchewan, Yukon, Northwest Territories and Nunavut and the group was renamed the *Prairie Northern Pacific FAS Partnership (PNPFASP)*.

In the past year, the PNPFASP has shared information across jurisdictions, discussed common approaches, and hosted a diagnostic symposium in the Northwest Territories and a major conference in the Yukon. Families from Manitoba were able to attend the Yukon conference with travel subsidies made available through a trust fund set up by the partner jurisdictions.

A project begun in 2001/02 involves the development of a website that will provide links to the partner governments' websites, as well as access to information on FAS for parents and caregivers. The PNPFASP is also exploring ways of ensuring that FAS prevention is integrated into the ongoing early childhood development initiatives underway across jurisdictions in Canada.

Manitoba will assume the lead for the partnership in May 2002.

FAS Information Manitoba

In 2001/02, Healthy Child Manitoba, along with Health Canada, funded the establishment of a provincial toll-free telephone line for FAS information and support. Managed by Interagency FAS, a community service organization expert in the field, FAS Information Manitoba (1-866-877-0050) was set up to disseminate information and to provide strategies and support to individuals, families and professionals dealing with alcohol-related disabilities, and to link them to community-based services. Healthy Child Manitoba provided consultation to the Manitoba Liquor Control Commission to develop a province-wide FAS prevention campaign entitled, *With Child – Without Alcohol*. FAS Information Manitoba was launched as a part of this campaign.

Support in the Classroom for Students with FAS

The purpose of this program is to develop a model to enhance the school experience and outcomes for children with FAS and other alcohol-related disabilities in Winnipeg School Division No. 1. A partnership involving Healthy Child Manitoba, Manitoba Education, Training and Youth, and Winnipeg School Division No. 1 has been established to identify, review and disseminate best practices in the education and management of grades 3 to 6 students with FAS.

FAS Resources

Healthy Child Manitoba partnered with Manitoba Justice in 2001/02 to develop *What Corrections Need to Know About FAS*, the fourth in a series of resources produced by the Manitoba government for people who work daily with individuals and families affected by FAS. The others are: *What Educators Need to Know About FAS, What Early Childhood Educators Need to Know About FAS* and *What Doctors Need to Know About FAS*. Healthy Child Manitoba financially supported the Royal Canadian Mounted Police to develop a "train the trainer" program to increase law enforcement officers' awareness of and sensitivity to issues of FAS in the criminal justice system.

Early Childhood Development / Home Visiting Supports

In 2001/02, Healthy Child Manitoba continued to support community-based programs such as the home visiting supports provided through the BabyFirst and Early Start programs, both of which demonstrated improved outcomes for children and families. These two programs employ paraprofessionals who receive in-depth training in strength-based approaches to family intervention.

BabyFirst

BabyFirst is a community-based intervention designed to support families with children up to the age of three, living in conditions of risk. The program was implemented provincially through the public health program of the 12 Regional Health Authorities, and includes universal postpartum screening (over 13,000 births annually) and in-depth assessment (over 2,600 families annually) by public health nurses.

Home visitors establish trusting, nurturing relationships with families, promote problem-solving skills, assist in strengthening the family support system, and facilitate referral to community-based services. A flagship program in Manitoba's early childhood development continuum of supports, participation in the home visiting component of the BabyFirst program increased from 450 families in 1999/00 to 825 families in 2001/02.

Three research sites were established in the fall of 1998 to collect data over a three-year period on child and family outcomes related to the BabyFirst program. A final report showing positive outcomes was released in the fall of 2001 (see *Program Evaluations*, page 19).

Early Start

Early Start is a community-based, early childhood intervention for children ages two to five attending licensed child care facilities. The goal of the program is to support families in strengthening parenting skills, accessing community resources, and increasing school readiness, toward decreasing the need for specialized education, health and social services in the future. The Early Start program is offered through 28 sites in eight regions of Manitoba.

Three research sites were established in 1998 to collect data over a three-year period on child and family outcomes related to the Early Start program. A final report showing positive outcomes was released in the fall of 2001 (see *Program Evaluations*, page 19).

Healthy Schools

The Nurses in Schools concept was expanded in 2001/02 to more accurately reflect its emphasis on a comprehensive school health model and was re-named *Healthy Schools*. The model recognizes the interdependence between health and learning and uses a community development approach to build and strengthen partnerships among health providers, educators, families and other stakeholders, to improve the wellness of communities with higher than average factors of risk to good health.

In the 2001/02 fiscal year, Healthy Child Manitoba continued to develop and refine the Healthy Schools model, and the Healthy Child Committee of Cabinet approved a broad plan of action to begin implementation. In the spring of 2001, all Regional Health Authorities received developmental funding to initiate planning activities, such as preparing inventories of existing support to schools and developing regional plans to strengthen services in schools. A pilot project representing a partnership between the South Westman Regional Health Authority and the Fort La Bosse School Division was the first initiative to receive funding. Consistent with the *Healthy Schools–Healthy Communities* approach, the project, which is based out of Virden Collegiate, promotes a range of activities to support wellness for its students, as well as their parents and siblings, school staff and neighbourhood residents.

Healthy Adolescent Development

Healthy Child Manitoba continued to work with community agencies, service providers and health professionals to offer strategies and interventions that reduce risk factors for young people, including reducing the likelihood that they will become teen parents.

In 2001/02, an interdepartmental working group, co-chaired by Healthy Child Manitoba and Manitoba Education, Training and Youth, was established to develop a provincial approach to Healthy Adolescent Development, as part of the broad youth strategy being developed by Manitoba Education, Training and Youth. A focus of the committee's work was working with community partners on the development of a strategic plan for a teen pregnancy prevention media campaign.

Another Healthy Adolescent Development initiative developed in 2001/02 is the Elmwood Teen Clinic, a primary health clinic at Elmwood High School. Developed by a community-based committee, with support from Healthy Child Manitoba, the Clinic will open in September 2002, and will operate one-half day per week, responding to the need for local, after-hours and teen-centred health services in the Elmwood neighbourhood. Elmwood has higher than average incidence rates of teen pregnancy and sexually-transmitted infections.

Program categories under the umbrella of Healthy Adolescent Development include the following:

Mentoring interventions

Research has shown that youth mentoring programs are highly effective in reducing high risk behaviours such as adolescent pregnancy, as well as drug and alcohol use and juvenile crime. Statistically, when compared to non-mentored youth within the same age group, vulnerable children within a successful mentoring relationship are:

- twice as likely to attain at least a secondary school diploma;
- 46% less likely to start using illegal drugs;
- 27% less likely to start drinking; and
- 32% less likely to exhibit violent behaviour.

Healthy Child Manitoba continued to support five mentoring programs both within and outside of Winnipeg: Big Brothers and Big Sisters (BBBS) of Winnipeg – In School Mentoring Program, Manitoba Chamber of Commerce – A Real Future program, BBBS of Brandon, BBBS of Portage la Prairie, and New Friends Community Mentorship programs in the Lac du Bonnet and Pinawa area.

Culturally appropriate and/or youth-directed initiatives

Through the Northern Aboriginal Youth Council and Positive Adolescent Sexuality Support (PASS) program, culturally appropriate initiatives were designed to reduce adolescent pregnancy. Components of these programs included the use of community role models and elders, and an emphasis on peer mentoring to facilitate youth leadership.

Intervention with teen mothers to improve parenting skills and outcomes for children

The goal of this intervention is to improve the parenting skills of teen moms, thereby improving the outcomes for their children, and reducing the chances of subsequent unplanned adolescent pregnancies. The Parent Support Project developed by Ma Mawi Wi Chi Itata Centre, Inc., is a two-stage program for high-risk adolescent parents. The program is designed to ensure that the children of adolescent parents are safe and protected by building parenting skills in a residential setting, followed by supported, independent living in a cluster housing environment.

Public awareness/counselling programs that raise community awareness

Since April 1, 2001, Healthy Child Manitoba has continued to fund a number of community-based agencies in the provision of, and referral to, youth health education services designed to empower youth to make healthy lifestyle choices. Teen Talk, in partnership with Manitoba schools, presents workshops on sexuality and reproductive health. In the 2001/02 fiscal year, over 10,000 students took part in this program. The Teen Touch 24-hour province-wide telephone help line for youth responded to over 25,000 calls. Baby Think It Over computer-programmed dolls were made available to Manitoba high schools, health education centres, medical centres, regional public health nurses and various youth-serving agencies, providing teens with the experience of parenting a young infant.

Healthy Child Manitoba, in collaboration with the Child Protection Centre, Health Sciences Centre, produced and distributed an educational video on Shaken Baby Syndrome, "It Only Takes a Moment." Healthy Child Manitoba has distributed 2,500 copies of the video across Manitoba to junior and senior high schools, public health nurses, community libraries, BabyFirst home visitors and service agencies and organizations. "It Only Takes a Moment" has been used in the St. John Ambulance babysitting course and prenatal classes. Roots of Empathy distributed "It Only Takes a Moment" as part of its learning resources for developing emotional literacy and reducing bullying for its K-8 classroom program across Canada. The video is available in English, French and closed caption.

Healthy Child Manitoba provides support to the Adolescent Parent Interagency Network (APIN), a partnership of agencies and professionals in Manitoba whose goal is to facilitate the sharing of information related to services and resources for pregnant and parenting teens. The Northern Aboriginal Iskwewak (NAI), located in the Burntwood region of northern Manitoba, develops and delivers culturally-appropriate workshops for mothers and daughters and fathers and sons, focussing on adolescent pregnancy prevention and FAS/FAE awareness and prevention.

Gang and crime prevention initiatives

The common thread of Manitoba's gang and crime prevention programs is the reduction of gang involvement by providing participants with the opportunity to increase or improve leadership skills, academic achievements, school attendance, social skills, employment skills, and overall physical health and wellness. Each program may include some or all of these characteristics.

The following are examples of Healthy Child Manitoba-funded programs that provide youth with educational, recreational, community service and employment/training opportunities designed to reduce or buffer the effects of risk factors for delinquency and alcohol/drug use: the Leadership and Training (LET) Youth program delivered by Rossbrook House, the Youth Opportunity Project of the Community Education Development Association (CEDA), the Solvent Abuse Prevention Program administered by Ma Mawi Wi Chi Itata Centre, Inc., the CHOICES program sponsored by the Winnipeg School Division No. 1, and the Winnipeg Boys and Girls Club.

Community Capacity Building

In addition to the foregoing core commitments, Healthy Child Manitoba also assists communities in building local capacity to support children and families. The following organizations received funding from this program category in 2001/02:

Roots of Empathy

Roots of Empathy is a classroom-based parenting program designed to teach human development and emotional literacy, and nurture the growth of empathy. Classrooms "adopt" a neighbourhood parent and infant for the duration of the school year and are guided through a curriculum that provides a vital foundation in emotional literacy and inclusion that students use to build relationships with their peers, and will draw on in later life with their own children. The curriculum is developmentally designed for different grade levels: kindergarten; grades one to three; grades four to six; and grades seven and eight.

Healthy Child Manitoba funded a successful pilot of the program in 2001/02 in all twelve schools in the Seine River School Division. An evaluation of the pilot program is in progress; findings will determine whether the Roots of Empathy program should be expanded to other parts of the province in 2002/03.

Association for Community Living - Manitoba

The goals of the *Preparing for Inclusion* "train the trainer" project were to enhance inclusive environments for children with mental disabilities and develop stronger community partnerships. The Association for Community Living - Manitoba recruited 74 individuals from across the province with expertise in early childhood and adult education and trained them in the *Preparing for Inclusion* curriculum. The trainers delivered training to over 300 parents and caregivers, equipping them with the tools and expertise to become inclusion advocates in their local communities.

An *Approach about Inclusion* provided consultation to Parent-Child Centred Coalitions to assess community strengths and needs around inclusion and to provide advice and resources to community service providers about enhancing inclusion.

Manitoba Families for Effective Autism Treatment, Inc.

A Summer Institute that provided training to teachers' aides and early childhood educators on Applied Behaviour Analysis (ABA) was funded by Healthy Child Manitoba and delivered by the Manitoba Families for Effective Autism Treatment organization in August 2001. ABA is a research-based intensive behaviour intervention and training program for autistic children which receives operational support from Healthy Child Manitoba and Children's Special Services, Family Services and Housing.

Ma Mawi Wi Chi Itata Centre, Inc.

The Neighbourhood Council Fires are vehicles for building the capacity of the community to develop and deliver appropriate programs and services at the agency's three Community Care Centres. Programs and services promote community participation, serve to reduce isolation, facilitate leadership development and raise awareness about community issues. After an extensive three-year community consultation, Ma Mawi Wi Chi Itata Centre, Inc. identified community capacity building as one of four core directions for future growth.

Rainbow Resource Centre

The Breaking Barriers program in the University of Manitoba's Faculty of Education trains staff and students in anti-homophobic awareness and provides tools to address homophobia and related issues.

To summarize, in 2001/02, Healthy Child Manitoba continued its role as an "incubator" for innovative program approaches, toward coordinated devolution to line departments and community partners. After program devolution, Healthy Child Manitoba will continue to coordinate longitudinal program evaluation.

HEALTHY CHILD MANITOBA POLICY DEVELOPMENT, RESEARCH AND EVALUATION

During the 2001/02 fiscal year, Healthy Child Manitoba advanced its Provincial Research and Evaluation Strategy. Healthy Child Manitoba Policy Development Research and Evaluation (PDRE) is supported by the Healthy Child Interdepartmental Policy and Evaluation Committee, which includes officials from the seven Healthy Child Manitoba partner departments, as well as the Community and Economic Development Committee of Cabinet, Manitoba Conservation, and Manitoba Federal-Provincial Relations. Chaired by Healthy Child Manitoba, the committee works to coordinate the Provincial Research and Evaluation Strategy across departments.

The Healthy Child Manitoba Provincial Research and Evaluation Strategy includes four major components: program evaluations, partnerships for population-based research, specialized evaluations, and community capacity building and knowledge exchange.

Program Evaluations

Program evaluations provide information for cross-sectoral policy and program decision-making. Programs are extensively evaluated in multiple sites with a large number of families, through quantitative data collection and analysis. Results of evaluations provide information on program effectiveness, key program components and program efficiency, toward program improvement and policy development.

Program evaluations assess and provide knowledge on intersectoral outcomes related to the four Healthy Child Manitoba goals for children:

- physical and emotional health;
- safety and security;
- success at learning; and
- social engagement and responsibility.

In 2001/02, Healthy Child Manitoba completed initial program evaluations of several flagship initiatives, demonstrating positive outcomes for children and their families. In the three **BabyFirst Research Sites**, findings showed statistically significant improvements in parent-child attachment and children's language acquisition. In the three **Early Start Research Sites**, findings showed statistically significant improvements in learning stimulation, language stimulation and parental coping skills. In the two **Stop FAS Research Sites**, and upon graduation of the three-year program, client outcomes reported 56% of women abstinent from drugs and alcohol; 88% of women had entered a treatment program and 71% had completed a treatment program; 64% are using some form of reliable birth control; and with respect to FAS prevention, 92% of women are abstinent from alcohol or use a reliable form of birth control.

Healthy Child Manitoba also continued to implement the **BabyFirst Provincial Evaluation** and **Early Start Provincial Evaluation**, which build on the findings from the BabyFirst and Early Start Research Sites (1998-2000). Other province-wide evaluations commenced development and implementation, including the evaluations of the **Parent-Child Centred Approach**, the **Healthy Baby** program, the expanded **Stop FAS** program, and selected sites of the **Healthy Adolescent Development** strategy. In 2001/02, Healthy Child Manitoba facilitated provincial evaluation forums and consultations with key partners for the Parent-Child Centred Approach (December 2001) and the Healthy Baby program (April 2001 and January 2002).

In September 2001, the Healthy Child Committee of Cabinet approved the province-wide phase-in of the Early Development Instrument (EDI), a population-based measure of children's development in the first five years of life. In partnership with respective Parent-Child Centred Coalitions, Manitoba School Divisions will begin EDI implementation on a voluntary basis beginning in the 2002/03 school year.

In December 2001, the Healthy Child Committee of Cabinet approved the development of a long-term HCM strategy for measuring progress in Manitoba's child-centred public policy, integrating the evaluations of programs in the Healthy Child Manitoba continuum, including Healthy Baby, BabyFirst, Early Start, and the Parent-Child Centred Approach. The envisioned strategy would link HCM program data and administrative data from Manitoba departments to new data on the determinants and outcomes of children's well-being from the EDI, the National Longitudinal Survey of Children and Youth (NLSCY), and a new community-level, population-based longitudinal survey of child development in Manitoba, modelled after the NLSCY.

To support this effort, Healthy Child Manitoba is developing strategic partnerships across Manitoba departments, with federal government departments (e.g., Human Resources Development Canada, Health Canada) and with key community and academic organizations, including the Community Health Assessment Network of the Regional Health Authorities, Manitoba School Divisions, the United Way of Winnipeg, the Winnipeg Foundation, the Manitoba Centre for Health Policy (University of Manitoba), the Centre for Studies of Children at Risk (McMaster University), the Centre of Excellence for Early Childhood Development (University of Montreal), the Atkinson Centre for Society and Child Development (University of Toronto), and other members of the Human Development Program of the Canadian Institute for Advanced Research. Manitoba's network of Parent-Child Centred Coalitions provides a new infrastructure for community knowledge exchange of best practices, leading-edge research and evaluation findings.

Partnerships for Population-Based Research

Population-based research explores questions regarding the longitudinal effects of universal, targeted and clinical interventions, to determine the most effective cross-sectoral mechanisms for achieving the best possible outcomes for Manitoba's children, families and communities. Research results provide new knowledge to support policy development and program planning.

Healthy Child Manitoba has established ongoing **population-based research partnerships** in Manitoba, for the following initiatives:

The **1997 Birth Cohort Study** in South Eastman Regional Health Authority and the Division Scolaire du Franco-Manitobaine (DSFM) is jointly funded by Healthy Child Manitoba and Human Resources Development Canada's Applied Research Branch. This longitudinal study follows the early development of a group of children born in 1997, drawing linkages between their developmental outcomes and their experiences in early childhood learning and care. In 2001/02, Phase I of the study was completed, with data collected regarding 635 children and over 150 child care providers. This study will continue to monitor the children's longer-term outcomes as they enter school.

Health Canada's five **Centres of Excellence for Children's Well-Being** were announced in 2000/01. Healthy Child Manitoba is a founding partner of the **Centre of Excellence for Child and Youth Centred Prairie Communities** and a member of the Advisory Board. Healthy Child Manitoba is also a member of the Advisory Committee for the **Centre of Excellence for Early Childhood Development**.

Human Resources Development Canada's **Understanding the Early Years (UEY)** initiative includes two Manitoba sites: the Winnipeg School Division No. 1 and the South Eastman Regional Health Authority. Healthy Child Manitoba provides leadership and expertise to support this research on how communities use knowledge to improve outcomes for children in the early years.

In 2001/02, the **Manitoba Centre for Health Policy** began planning its three-year *Inequalities in Child Health* research project, funded by the Canadian Population Health Initiative of the Canadian Institute for Health Information, to commence in September 2002. Healthy Child Manitoba; Manitoba Education, Training and Youth; Manitoba Family Services and Housing; and Manitoba Health are key partners in this interdisciplinary research, which will link health, education, and social service information to identify social, environmental, and economic determinants of children's health, and assist in developing policy options to reduce inequities and improve the health and well-being of children in Manitoba. The project involves the

creation of a national network of policy makers, researchers, and communities.

Specialized Evaluations

Specialized evaluations provide information on a specific intersectoral area of focus or issue. Research questions are intensively studied in selected sites. Specialized evaluations are time limited and involve a single site and/or a promising program that is currently underway. Results of specialized evaluations provide outcome information on promising programs toward establishing local best practice models in Manitoba communities. In 2001/02, Healthy Child Manitoba continued to implement a number of specialized evaluations, including the following:

The **Applied Behaviour Analysis (ABA)** program integrates service delivery systems to improve outcomes for preschool children with autism (see *Community Capacity Building*, page 17). A final evaluation report is anticipated in August 2002.

The **COACH** program provides 24-hour wrap-around services to reintegrate children with emotional and behavioural disorders into the classroom. A final evaluation report is anticipated in August 2003.

The **Families and School Together (FAST)** program works to improve attachment, cohesion and school-connectedness in families with children ages four to nine years. The FAST evaluation is ongoing.

The **Roots of Empathy** program strives to create a civic society and prevent antisocial behaviour through school-based development of emotional literacy in children (see *Community Capacity Building*, page 17). The Roots of Empathy evaluation is ongoing.

Community Capacity-Building and Knowledge Exchange

Healthy Child Manitoba builds community capacity and knowledge exchange regarding research and evaluation through consultation, education, training, supervision and technical expertise to assist civic, academic and government communities to:

- plan, implement and evaluate programs and services for children and families;
- measure and monitor outcomes at the community level;
- develop local best practice models to enhance family and community resilience; and
- ensure sustainable intersectoral outcomes for Manitobans.

Healthy Child Manitoba PDRE staff have been invited regularly to present their work at local, provincial and national conferences. In 2001/02, these included the first national conference of Health Canada's Centres of Excellence for Children's Well-Being, *Linking Research, Policy and Practice* (November 2001), and Human Resources Development Canada's national dialogue conference *Ready, Set, Go! Improving the Odds Through Integrated Research, Policy and Practice* (February 2002).

Healthy Child Manitoba was invited to participate in WebForum 2001: Millennium Dialogue on Early Childhood Development, co-sponsored by the Ontario Institute for Studies in Education at the University of Toronto, the Invest in Kids Foundation, and the Lawson Foundation. This November 2001 event led to a March 2002 visit to Manitoba by Dr. Dan Keating, Atkinson Chair of Human Development (University of Toronto), and Jane Bertrand, Executive Director, Atkinson Centre for Society and Child Development. Dr. Keating delivered the opening keynote address at the *Strategies and Skills Building Workshop for Manitoba's Parent-Child Centred Coalitions* (see *Parent-Child Centred Approach*, page 11) and presented at the Legislative Building to Ministers, officials, and invited guests.

ADDENDUM: Federal/Provincial/Territorial Early Childhood Development Public Reporting

Healthy Child Manitoba is responsible for Manitoba's implementation of the commitments in the September 2000 First Ministers' Meeting Communiqué on Early Childhood Development (ECD). This endeavour is led by the Federal/Provincial/Territorial ECD Working Group, and includes an agreement for public reporting in all jurisdictions across Canada (except Québec) regarding ECD investments, activities, and outcomes of children's well-being, and the development of intersectoral partnerships for exchanging ECD knowledge, information and effective practices.

In April 2001, Manitoba was the first jurisdiction to publicly release its baseline report on ECD expenditures, which described the priority investments in Manitoba's ECD continuum. Details were provided in the Healthy Child Manitoba 2000/01 Annual Report, released in September 2001. Subsequent ECD public reporting will include information on expenditures, program information, indicators of program expansion and improvement, and indicators of children's well-being. Manitoba's second ECD progress report will be a new, ongoing publication and is scheduled for release in November 2002.

HEALTHY CHILD MANITOBA

RECONCILIATION STATEMENT

DETAILS	2001/02 Estimates $000
2001/02 Main Estimates	18,281.3
2001/02 ESTIMATE	**18,281.3**

Appropriation 34: Healthy Child Manitoba
Expenditures by Sub-Appropriation
Fiscal Year ended March 31, 2002

Expenditure by Sub-Appropriation		Actual 2001/02 $000	Estimate 2001/02 FTE	Estimate 2001/02 $000	Variance Over/(Under)	Expl. No.
34-1A	Salaries	1,118.1	22.00	1,131.1	(13.0)	
34-1B	Other Expenditures	450.6		452.5	(1.9)	
34-1C	Financial Assistance and Grants	14,904.5		16,623.7	(1,719.2)	1
34-2	Amortization	36.4		74.0	(37.6)	2
Total Appropriations		**16,509.6**		**18,281.3**	**(1,771.7)**	

1. Underexpenditure is due primarily to the timing of the full implementation of the Healthy Baby program, the Healthy Schools program and the Parent-Child Centred Approach.
2. Full year allocation is in excess of the actual full year requirements.

Expenditure Summary for Fiscal Year ended March 31, 2002 with Comparative Figures for the Previous Fiscal Year

Estimate 2001/02 $000		Sub-Appropriation	Actual 2001/02 $000	Actual 2000/01 $000	Increase (Decrease)	Expl. No.
1,131.1	34-1A	Salaries	1,118.1	1,044.7*	73.4	
452.5	34-1B	Other Expenditures	450.6	381.7	68.9	1
16,623.7	34-1C	Financial Assistance and Grants	14,904.5	11,000.2	3,904.3	2
74.0	34-2	Amortization	36.4	36.7	(.3)	
18,281.3	**Total Expenditures**		**16,509.6**	**12,463.3**	**4,046.3**	

** Actuals reorganized to the 2001/02 Appropriation Structure based on the 2000/01 Adjusted Vote.*

1. The increase is due to costs related to the implementation of the Healthy Baby Manitoba Prenatal Benefit and the Parent-Child Centred Approach in 2001/02.
2. The increase is primarily the result of support for the implementation of the Healthy Baby program, including the Manitoba Prenatal Benefit; volume increases for the BabyFirst program and the Parent-Child Centred Approach; and the provision of replacement funding for projects previously supported through the Winnipeg Development Agreement.

Historical Expenditure and Staffing Summary by Appropriation ($000) for Fiscal Years Ending March 31, 2000 - March 31, 2002

Actual Appropriations

Sub-Appropriation	1999 – 2000		2000 – 2001		2001 – 2002	
	SY	$	SY	$	SY	$
34-1A Salaries	16.00	715.4	19.00	1,044.7	22.00	1,118.1
34-1B Other Expenditures		282.0		381.7		450.6
34-1C Financial Assistance and Grants		8,223.3		11,000.2		14,904.5
34-2 Amortization		35.3		36.7		36.4
Total	**16.00**	**9,256.0**	**19.00**	**12,463.3**	**22.00**	**16,509.6**